

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553801

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1		
2			1	1		
3			1	1		
4			1	1		
5			1	1		
6			1	1		
7			1	1		
8			1	1		
9			1	1		
10			1	1		
11			1	1		
12			1	1		
13			1	1		
14			1	1		
15			1	1		
16			1	1		
17			1	1		
18			1	1		
19			1	1		
20	1		1	1		
21			1	1		
22			1	1		
23			1	1		
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44			1			
45				1		
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48						
49						
50						
TOTAL IND.		↓	22	↓		↓
TOTAL DEP.		←	22	←		←
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						